

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

097582842

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4	1						54						
5	1						55						
6	1						56						
7		2					57						
8		1					58						
9		6					59						
10		6					60						
11		6					61						
12		6					62						
13	1						63						
14	1						64						
15		1					65						
16	1						66						
17	1						67						
18		1					68						
19		1					69						
20	1						70						
21		1					71						
22		1					72						
23		1					73						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	15						TOTAL DEP.						
TOTAL CLAIMS	24						TOTAL CLAIMS						